

Before Starting the Exhibit 2 (Project) Application

This is the 2010 Exhibit 2 application required to be submitted for requesting funding for the Supportive Housing Program, Shelter Plus Care Program, and Section 8 Moderate Rehabilitation of Single Room Occupancy Program. HUD strongly encourages ALL applicants to review the following information BEFORE beginning the application.

Training resources are available online at: www.hudhre.info/esnaps

- Training modules are available to help complete or update the Exhibit 2 application, including attaching required forms.
- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions directly to HUD.
- Guidance is available on obtaining a DUN and Bradstreet DUNS Number, and completing, updating or renewing CCR registration.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements.
- All applicants, new and returning, must complete the SF-424 in e-snaps for 2010 before submitting the Exhibit 2 application.
- Renewal applications - carefully review and update all 2010 Exhibit 2 applications that include data from the 2009 application. Questions may have been changed or removed, and the imported information may or may not be relevant.
- The Exhibit 2 application for first-time renewal and new projects must not include data imported from the 2009 competition.
- The total budget request for all renewal applications under SHP must be consistent with the total amounts listed on the CoC's 2010 SHP Grant Inventory Worksheet -- except for renewal projects reduced or eliminated through the CoC's HHN reallocation process.
- The number of S+C units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's 2010 S+C Grant Inventory Worksheet, as approved by HUD.
- HUD will announce the 2010 conditional awards for renewal applications within 30-60 days of the closing of the CoC competition. Conditional awards for new applications will be announced after HUD has completed the project threshold review and the scoring of the CoC applications.
- Use the instructions at the top of each form of the Exhibit 2 application to help complete the questions on that form.
- The total budget request for each new project created through the CoC's HHN reallocation process must not exceed the amount transferred from the renewal projects. HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the reallocation requirements. Applicants are strongly encouraged to double-check with the CoC Lead Agency to confirm total budget amounts.

Project Information - Page 1

Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number (no input required) - this field will populate with the grant number from the 2009 project that has been imported. This field can not be edited.
2. CoC Number and Name (required) - select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.
3. Project Name (no input required) - this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.
4. Project Type (required) - indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition.
5. Program Type (required) - select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).
6. Component Type (required) - each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.
7. In which state is the project located (required) - of the available states listed, select the state(s) in which the project is located. For new projects indicate the expected state location(s). The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.
8. In which Congressional District(s) is the project located (required) - of the available congressional districts listed, select the district(s) in which the project is located. For new projects indicate the district(s) for proposed location(s). The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).
9. Project Description (required) - in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please verify the accuracy of all populated fields.

1. Expiring Grant Number

Field will appear blank unless populated with imported 2009 data.

2. CoC Number and Name NC-501 - Asheville/Buncombe County CoC

3. Project Name Pathways to Permanent Housing 3

4. Project Type New Project

5. Program Type SHP

Content depends on "Project Type" selection

6. Component Type PH

Content depends on "Program Type" selection

7. In which state is the project located? North Carolina
(for multiple state selections hold CTRL+Key)

8. In which Congressional District(s) is the project located? NC-011
(for multiple selections hold CTRL + Key)

9. Provide a general description of the project. The description must identify the target population and address the specific service and housing activities, including any housing development activities. (Max 3000 characters)

The Pathways to Permanent Housing 3 project provides intensive case management services to formerly chronically homeless individuals, assisting them in maintaining permanent housing long-term. The funding from this project would provide tenant-based rental assistance to these chronically homeless individuals. This project follows the "Housing First/Housing Plus," model, meaning eligible individuals do not have to be "deemed" ready for housing; they do not have to be clean and sober or actively accessing mental health treatment. Case managers from the program work with eligible clients to find suitable, affordable housing and then help them move into a unit. After move-in to the unit, case managers will assist clients in developing person-centered case management plans that address the issues that might hinder someone from maintaining his/her housing long-term. Case managers will focus much attention on helping Pathways to Permanent Housing 3 clients to increase their income through entitlements and permanent employment so that they might quickly pay some portion of their monthly rent and eventually sustain their housing on their own.

Project Information - Page 2

Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Project Information - Page 1.

NEW PROJECTS:

1. Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

RENEWAL PROJECTS:

1a. Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

1b. Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process.

NEW AND RENEWAL PROJECTS:

A response to the following fields is required by both new and renewal projects - 2. Grant term (required) - the available terms will vary depending on the project and program types; 3. Use of energy star (required); 4. Serving persons in a rural area (required) - refer to the 2010 CoC NOFA for the definition of a rural area and a list of the counties that qualify; 5. Located on land previously owned by the military (required); and 6. Select the geographic code(s) that will be primarily served by the project (required) - all projects must identify the specific geographic code(s) that will be served by this project.

7. Select the appropriate SHP budget activities (required) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and HMIS. Renewal projects may indicate only those activities listed on the 2010 SHP GIW.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please verify the accuracy of all populated fields.

1. Is the project requesting special housing funding? Yes

If yes, click on the "Save" button to identify the project as a Permanent Housing Bonus

1a. Special Initiative Applicable: Permanent Housing Bonus

2. Grant Term 2 Years

Note: the 1 year grant term option is permitted only for new HMIS, new reallocated, and renewal applications.

3. Does the project use Energy Star? No

4. Is the project serving persons in a rural area? No



Refer to the 2010 CoC NOFA for the definition of a rural area and a list of the counties that qualify.

5. Is the project located on land previously owned by the military? No

6. Select the geographic code(s) for area(s) served by the project, at the time of application. For new projects, select the code(s) for the area(s) that will be served. (for multiple selections hold CTRL + Key) 370108 ASHEVILLE, 379021 Buncombe County

New Construction	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>
Leasing	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

Project Location(s)

The following list summarizes the location of each site in the project. To add a site location, select the  icon. To view or update a site location already listed, select the appropriate  option.

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
Homeward Bound of...	Lease	19 North Ann Street	--	Asheville	North Carolina	28801

Project Location Detail

Instructions:

Location Name (required for SRA only) - identify the name of the location that is or will be used for housing project participants.

Project Ownership (required for all projects) - indicate whether each location is or will be owned or leased by the applicant, sponsor, or a parent organization. For projects other than SRA with multiple site locations, group each site as leased or owned, and identify each group in this field. Please remember that SHP policy prohibits the use of leasing funds as payment for units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (required for SRA only) - indicate the Street Address, City, State, and Zip Code of the SRA project location. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

Additional resources:
<http://esnaps.hudhre.info/training>

An SRA project must complete or update the fields below, for each site that will be used to house project participants. However, all other projects need only indicate or update the ownership of all site locations.

Location Name Homeward Bound of Asheville, Inc.
Property Ownership Lease
Street Address 1 19 North Ann Street
Street Address 2
City Asheville
State North Carolina
Zip Code 28801
Format: (12345 or 12345-1234)

Project Expansion Information

Instructions:

Expanding an existing housing facility or supportive service (required) select Yes or No from the drop-down menu to denote if the applicant is proposing to expand one or more existing housing facilities or supportive service activities. If Yes, click on the "Save" button below to identify the specific expansion activities. If No, click on the "Save & Next" button below to advance to the next form.

One or more of the following five(5) activities may constitute an expansion project:

- 1) Bring existing facilities up to state or local government health and safety standards
- 2) Replace the loss of nonrenewable funding
- 3) Increase HMIS capacity and/or functionality
- 4) Increase the number of homeless persons served
- 5) Provide additional supportive services to homeless persons

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

www.hud.gov/offices/cpd/about/staff/fodirectors

Complete the form fields below to indicate whether or not the project will expand one or more existing housing facilities or service activities.

Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

(If yes, click on the "Save" button below to identify the expansion activities)

Project Sponsor Information

Instructions:

1. Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

2. Organization Name (required) - enter or update the legal name of the organization that will serve as the project sponsor.

3. Organization Type (required) - enter or update the type of business organization of the project sponsor.

4. DUNS Number (required) - enter or update DUNS Number in the proper format.

5. Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

6. Street Address 1 (required) - enter or update the number and street name.

7. Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

8. City (required) - enter the location city.

9. State (required) - select or update the location State abbreviation from the drop-down menu.

10. Zip Code (required) - enter the location Zip Code in the proper format.

11. Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

12. Prior Federal Grant Recipient (required) - select the appropriate answer that applies to the sponsor organization for this project.

13. Identify source documentation for sponsor's nonprofit status (required for nonprofit sponsors) - select from the dropdown menu the documentation that supports the sponsor's nonprofit status. The documentation indicated must be attached and submitted with the application.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. The form fields will populate data from the 2009 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify the accuracy of all populated fields.

1. Is the project applicant the same as the project sponsor? Yes

(If yes click on the "Save" button to auto-fill the fields below)

2. Organization Name Homeward Bound of Asheville, Inc.

3. Organization Type M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

4. DUNS Number Format: xxxxxxxx or xxxxxxxxxxxxxx		929009306	PLUS 4	
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5. Tax ID or EIN 56-1568917
Format: 12-3456789

6. Street Address 1 35 Grove Street

7. Street Address 2 Suite 111

8. City Asheville

9. State North Carolina

10. Zip Code 28801
Format: 12345 or 12345-1234

11. Is the sponsor a Faith-Based Organization? No

12. Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

Project Sponsor Contact Information

Instructions:

1. Prefix (no input required) select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.
2. First Name (required) enter or update the First Name of the primary sponsor representative.
3. Middle Name (required) enter or update the Middle Name of the primary sponsor representative.
4. Last Name (required) enter or update the Last Name of the primary sponsor representative.
5. Suffix (no input required) select Jr., Sr., M.D., D.D.S., Ph.D, Esq from dropdown menu.
6. Title (required) enter or update the Title of the primary sponsor representative.
7. E-mail Address (required) enter or update the e-mail address of the primary sponsor representative.
8. Confirm E-mail Address (required) re-enter or update the sponsor e-mail address.
9. Phone Number (required) enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.
10. Extension (no input required) enter or update the Extension associated with the sponsor's Phone Number.
11. Fax Number (required) enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

Complete or update the form fields in the order of appearance. The form fields will populate data from the 2009 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify the accuracy of all populated fields.

- 1. Prefix** Mr.
- 2. First Name** Brian
- 3. Middle Name** Kelly
- 4. Last Name** Alexander
- 5. Suffix**
- 6. Title** Executive Director
- 7. E-mail Address** brian@hbofa.org
- 8. Confirm E-mail Address** brian@hbofa.org
- 9. Phone Number** 828-258-1695
Format: 123-456-7890
- 10. Extension** 3

Applicant: Homeward Bound of Asheville, Inc.

561568917

Project: Pathways to Permanent Housing 3

EX2_029444

11. Fax Number 828-253-5747
Format: 123-456-7890

Experience of Project Applicant, Sponsor, and Partners

Instructions:

The specific narratives that must be provided in the fields on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

Experience Narrative(s) - (required) each narrative must address the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, the narratives must describe the experience of all entities, as it relates to working with homeless persons, and the experience directly related to the proposed activities being carried out, including: housing development, housing management, construction, rehabilitation, service delivery, and HMIS activities (for new HMIS projects).

Unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG (required) - select Yes or No from the dropdown menu to indicate whether or not the sponsor has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open SNAPS related monitoring finding(s). The question is related to those projects for which the sponsor organization is either a direct grantee or a sponsor.

Additional Resources:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Describe the experience of the project applicant, sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project.

Describe experience of project partners related to providing activities and working with homeless persons.

Homeward Bound (HB) has a long, successful track record in the Asheville community working with the homeless. Beginning in December 1986 with the opening of the Calvary Shelter at the Calvary Presbyterian Church, HB has committed itself to helping the homeless, offering low-demand, service-driven programs to build relationships with individuals in order to create lasting change in their lives. Formerly Hospitality House of Asheville, the agency changed its name in November 2006 to reflect its change in direction and commitment to permanent housing as the answer to ending homelessness and the Asheville-Buncombe County 10-Year Plan to End Homelessness.

Since the mid-1990s, HB has operated the A HOPE Day Center, the entry point for the homeless in the community. Providing for basic needs such as food, clothing, day shelter, telephones, storage space, and a mailing address, A HOPE also creates a safe, structured environment for the homeless to work with Case Managers on supportive services and referrals. A HOPE Case Managers help clients access mental health, substance abuse, and medical treatment, navigate the often complex social service network, procure entitlement benefits, and many others. In fall 2006, HB created the Pathways to Permanent Housing program, a supportive housing program dedicated to helping homeless individuals find, procure, and maintain permanent housing. Pathways to Permanent Housing Case Managers help individuals move into their own homes, and offer regular, intensive case management, assisting them with any need or issues to make sure that they can sustain their permanent residence long-term. Since 2006, HB has placed over 250 homeless individuals into the supportive housing program and has maintained a retention rate of 89% (well above the national average for similar programs).

Are there any unresolved monitoring or No
audit findings on HUD McKinney-Vento
Act grants, excluding ESG?

(If yes, click on the "Save" button below to explain findings)

Special Housing Project

Indicate how the project applicant, sponsor, and partners will operate and meet the Permanent Housing Bonus requirements as outlined in the Notice of Funding Availability.

Describe how the project will address the specific case management needs of the persons to be served by the Permanent Housing Bonus project.

The challenge and need for the Pathways to Permanent Housing 3 (PPH3) project arises from the disconnect between the continuum of care model of service provision and the needs of the chronic homeless. The continuum model provides a sequence of interventions ranging from street outreach to permanent housing. Homeless people move along the continuum as they demonstrate readiness for the next stage. This works for the majority of homeless people. However, the continuum model fails to help those with a pattern of chronic homelessness. These individuals cannot demonstrate consistent behaviors needed to progress through the continuum. They remain homeless, living outdoors, they often bounce from the emergency room to jail to the streets or emergency shelter - they either become homeless over and over again or remain homeless for years, unable to gain footing because of the severity of their issues.

The "Housing First/Housing Plus" model of housing is well researched and proven to be a successful model of housing the chronically homeless. In this model, housing does not depend upon one's "readiness" as with the continuum model. The supportive housing team provides non-threatening and consumer-driven supportive services that enable the person to become and remain housed and to experience improved life conditions. Homeward Bound's supportive housing staff will screen each individual to gain an understanding of their particular issues, to determine their reasons for homelessness, to assess their disabilities or other physical or mental health issues, to find out whether the person works or has other income sources, and to decide the best housing facility match.

Homeward Bound has a low-demand approach with clients, interacting with them when and if they desire. In order to make lasting connections with clients, case managers will use conventional and creative methods to attain trust. Supportive housing staff will meet with other community support workers (mental health and substance abuse counselors), management companies and landlords on an as needed basis to ensure that everyone involved are meeting clients' needs. This team approach works well to make sure that when crises arise clients have almost immediate access to assistance.

Type and Scale of Housing

The following list summarizes each type of housing configuration in the project. To add a housing type to the list, click on the icon below. To view or update a housing type already listed, click on the icon below.

Housing Type	Units	Bedrooms	Beds
Scattered-site apartments (...)	4	4	4

Type and Scale of Housing Detail

Instructions:

1. Housing type (required) - select or update the appropriate housing type from the drop-down menu. Refer to the detailed instructions document for a definition of each housing type.

2. Units (required) - enter or update the total number of units available at a point-in-time in the selected housing type and used for housing project participants.

3. Bedrooms (required) - enter or update the total number of bedrooms available at a point-in-time in the selected housing type and used for housing project participants.

4. Beds (required) - enter or update the total number of beds available at a point-in-time in the selected housing type and used for housing project participants.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

The information entered into the form fields below should record the number of units, bedrooms, and beds for each housing type in the project.

1. Housing Type: Scattered-site apartments (including efficiencies)

Total for Selected Housing Type

2. Units: 4

3. Bedrooms: 4

4. Beds: 4

Project Participants - Households with Dependent Children

Instructions:

1. Total number of households - (required) enter or update the total number of households served at a point in time.
2. Disabled adults - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
3. Non-disabled adults - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).
4. Disabled children - (in this row) enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).
5. Non-disabled children - (in this row) enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).
6. Total persons - (calculated row) all fields are automatically calculated.
7. Total number of adults - (calculated row) all fields are automatically calculated.
8. Total number of children - (calculated row) all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant's estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Instructions - Subpopulations:

Chronically Homeless - must be disabled adults in households with or without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill - are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse - may not constitute a disability on its own

Veterans - must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS - are all considered disabled (so no entry allowed in non-disabled)

1. Total Number of Households	0						
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	0	0	0	0	0	0	0
3. Non-Disabled Adults	0	0					0
4. Disabled Children	0	0	0			0	0
5. Non-Disabled Children	0						0
6. Total Persons (click on "Save" to auto-calculate)	0	0	0	0	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	0						
8. Total Number of Children (click on "Save" to auto-calculate)	0						

Project Participants - Households without Dependent Children

Instructions:

1. Total number of households - (required) enter the total number of households with or served at a point in time.
2. Disabled adults - (in this row) enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).
3. Non-disabled adults - (in this row) enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).
4. Disabled unaccompanied youth - (in this row) enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).
5. Non-disabled unaccompanied youth - (in this row) enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).
6. Total persons - (calculated row) all fields are automatically calculated.
7. Total number of adults - (calculated row) all fields are automatically calculated.
8. Total number of unaccompanied youth - (calculated row) all fields are automatically calculated.

Additional Resources:

Point in time - PIT (definition) a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. This count is based on the applicant's estimate at the time of application, for a new grant. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>
<http://esnaps.hudhre.info/training>

Instructions - Subpopulations:

Chronically Homeless must be disabled adults in households with or without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

1. Total Number of Households	4						
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	4	4	2	2	0	0	0
3. Non-Disabled Adults	0				0		
4. Disabled Unaccompanied Youth	0				0	0	
5. Non-Disabled Unaccompanied Youth	0						0
6. Total Persons (click on "Save" to auto-calculate)	4	4	2	2	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	4						
8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)	0						

Supportive Services for Participants

Instructions:

1. Policies and practices consistent with the educational laws (required) - select Yes or No from the dropdown menu to denote if the applicant/sponsor has policies consistent with educational laws, including the McKinney-Vento Act, relating to the provision of educational and related services to individuals and families experiencing homelessness.

2. Designated staff person to ensure the homeless children receive educational needs (required) - select Yes or No from the dropdown menu to denote if the applicant/sponsor has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Obtain and remain in permanent housing (required for new projects) - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

4. Maximizing employment, income, and independent living (required for new projects) - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

5a. Supportive Services (no input required) - lists each basic supportive service (outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, transportation, and other) that may be provided to participants.

5b. Frequency (required for new projects) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) at which each basic supportive service is provided to participants.

6. Accessibility of community amenities (required for new projects) - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

Additional resources:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

The information entered into the form fields below should record the capacity of the project to provide supportive services or access to services that participants require.

1. For projects serving families, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? Not Applicable

2. For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services? Not Applicable

3. Describe how participants will be assisted to obtain and remain in permanent housing.

The Pathways to Permanent Housing 3 project follows the "Housing First/Housing Plus" model of housing, which is well researched and proven to be a successful model of housing the chronically homeless. In this model, housing does not depend upon one's "readiness" as with the continuum model. The Pathways to Permanent Housing staff will provide non-threatening and consumer-driven supportive services that enable the person to become and remain housed and to experience improved life conditions. Homeward Bound's Pathways to Permanent Housing staff will screen each individual, gaining an understanding of individual issues, determining their reasons for entering homelessness, assessing their disabilities, and verifying income to help decide on the best possible housing match.

4. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Upon entry into the PPH3 project, case managers will assist housing clients to develop case management plans that address their particular needs, with income and independent living as key components. Without these two important elements, chronically homeless persons will not stay in permanent housing long-term. HB will use the requested funds for tenant-based rental assistance and expect to pay all or a large portion of the rent and utility costs for many clients. Case managers will help clients determine, as part of their plans, options for sustainability. If the plan calls for employment, the case managers will support the client in the process, helping them fill out applications, transporting them to interviews, and assisting them in researching and obtaining necessary training and other services to aid them in obtaining and maintaining employment. Other clients may need to obtain entitlement benefits such as Social Security Disability. HB has years of experience helping clients procure these benefits and using the most up-to-date techniques to secure them as quickly as possible. The staff has received SOAR training from the North Carolina Department of Health and Human Services. Once clients obtain steady income, case managers will help clients learn to budget their money and teach them how to take care of their own bills without HB's continued financial assistance.

Everyday, PPH case managers assist clients in supportive housing units live independently. This support comes in a variety of forms. It may mean assisting them with budgeting their income for the month. However, it also comes in smaller ways as well. Coming from years of living on the streets or in shelter, many chronically homeless individuals lack or have forgotten what it means to live indoors. They need encouragement to clean their apartments regularly; sometimes the staff subtly reminds them by bringing a broom or some cleaning supplies to their homes. Others have lived minimally on scraps of food they have found in dumpsters or have not needed to cook because soup kitchens have provided their meals. They need to learn to cook or find meals for themselves. Case managers will take them to the Department of Social Services and assist them in applying for food stamps and then take them shopping regularly. If cooking is difficult for a client, they may suggest microwave or easy methods of cooking that allows clients to meet their needs in simple ways. Most importantly, clients that have not had their own places for many years need help feeling safe inside. In order to help these clients, staff regularly check up on them and give them simple encouragement and support. Sometimes this means telling them it is okay to camp out when they get scared. When they come back to their places, the clients have a new sense of home with the understanding that they made it through a difficult time.

5. Specify the frequency of supportive services to be provided to project participants.

Supportive Services	Select frequency
Outreach	Weekly
Case Management	Weekly
Life Skills	Weekly
Job Training	Monthly
Alcohol and Drug Abuse Services	Weekly
Mental Health and Counseling	Weekly
HIV/AIDS Services	Does not apply
Health/Home Health Services	Weekly

Education and Instruction
Employment Services
Child Care
Transportation
Other (Specify Below)
Other (Specify Below)
Other (Specify Below)

Does not apply
Weekly
Does not apply
Weekly

6. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project? Yes, very accessible

Outreach for Participants

Instructions:

1. Where homeless participants are coming from (required) - enter or update the percentage (%) related to the places from which homeless participants are coming (streets, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven).

Total of above percentages (calculated) - the percentages entered will sum in the Total of above percentages field.

2. If total is less than 100% - indicate the other places from which homeless persons enter the project, in the text box provided.

3. Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

4. Contingency plan (required for new projects) - describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional resources:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2009 application submission, if applicable. Please verify the accuracy of all populated fields.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

50%	Persons who came from the street or other locations not meant for human habitation.
50%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
0%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

2. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

N/A

3. Describe the outreach plan to bring these homeless participants into the project.

Most clients begin their journey through homelessness at the A HOPE Day Center located at 19 N. Ann Street in Asheville, NC. The day center provides a starting point for further services such as emergency shelter, street outreach, referrals to necessary medical, mental health, and substance abuse services, and ultimately placement into permanent supportive housing.

A HOPE case managers have already identified potential clients that have lived on the streets or in emergency shelters for years or those that have regularly cycled through multiple periods of homelessness. They will begin conversations with these individuals about possible placement into the Pathways to Permanent Housing 3 project.

Many clients learn about the A HOPE Center through Homeward Bound's PATH program, which targets individuals living outside in campsites, those staying in abandoned buildings, cars, RVs or other places not meant for human habitation. The connection PATH staff makes with these clients helps to assess their specific needs and gives a means of building a trusting relationship that may encourage clients to seek assistance on longer term, more complicated issues such as housing, mental illness, and substance abuse. A HOPE and PATH staff will identify and collaborate with supportive housing staff to house these chronically homeless individuals in the Pathways to Permanent Housing 3 project.

Homeward Bound also collaborates with multiple agencies within the Asheville/Buncombe County region to provide the necessary services within the A HOPE building for homeless people. These agencies include: RHA Behavioral Health, Pisgah Legal Services, Western North Carolina AIDS Project, OurVoice, the Veteran's Administration, Buncombe County Department of Social Services, All Soul's Counseling and others. HB depends on these agencies as well to provide informed referrals for chronically homeless clients that may not pass through A HOPE or have visits from PATH staff. For the past four years, these agencies and others in the surrounding community have been making referrals for chronically homeless clients into supportive housing.

4. Describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

While Homeward Bound does not anticipate any problems finding eligible clients that meet the requirements of the bonus grant, the agency will reevaluate the intake procedure and outreach plan at such time. HB will do this with the advice of the existing homeless service network through the Asheville-Buncombe County Homeless Coalition and the Homeless Initiative Advisory Committee overseeing the community's 10-Year Plan to End Homelessness. Asheville and Buncombe County homeless service providers work well in collaboration with one another; the community quickly disseminates information, and with a commitment to the 10-Year Plan, attempts to make best practices models, such as "Housing First/Housing Plus" work.

Housing for Participants

Instructions:

Maximum length of stay (required for new SHP-TH projects) - indicate the maximum allowable length of stay for participants.

Housing selection (required for new SHP-PH, S+C-TRA, and S+C-SRA projects) - if participants are required to live in one particular structure or area, describe the reason for selecting the housing structure or location.

Rehabilitation activities (required for new S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation) - describe the rehabilitation activities that will be undertaken for housing the participants in the project.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete the following fields related to housing participants in the project.

**Will more than 16 persons reside in a No
structure?**

(If yes, click on the "Save" button below to enter additional information.)

Discharge Planning Policy

The following question must be completed by project applicants that are State or local government agencies.

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

Not Applicable

Project Leveraging

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, click on the icon below. To view or update a leveraging source already listed, click on the icon below.

Total value of written commitment \$57,000

Contributor	Source	Date of Commitment	Value of Commitments
Buncombe County	Government	10/15/2010	\$32,000
Western North Car...	Private	10/01/2010	\$25,000

Project Leveraging Detail

Instructions:

If a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor (required) - enter or update the name of the contribution.

3. Type of Leveraging source (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

4. Date of written commitment (required) - enter or update the date of the written contribution.

5. Value of written commitment (required) - enter or update the total numeric value (\$) of the contribution.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. **Select the Type of Contribution** Cash
2. **Name the Source of the Contribution** Buncombe County
3. **Select Type of Source** Government
4. **Date of Written Commitment** 10/15/2010
5. **Value of Written Commitments** \$32,000

Project Leveraging Detail

Instructions:

If a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor (required) - enter or update the name of the contribution.

3. Type of Leveraging source (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

4. Date of written commitment (required) - enter or update the date of the written contribution.

5. Value of written commitment (required) - enter or update the total numeric value (\$) of the contribution.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Select the Type of Contribution In Kind

2. Name the Source of the Contribution Western North Carolina AIDS Project

3. Select Type of Source Private

4. Date of Written Commitment 10/01/2010

5. Value of Written Commitments \$25,000

Homeless Management Information System (HMIS) Participation

Instructions:

1. Participation in the CoC's HMIS (required) - indicate whether or not annual data regarding project participants are reported in the CoC's HMIS. Click on the "Save" button below to indicate the reported data percentages or reason(s) for non-participation.

2. If the project is providing participant data in the HMIS - indicate the total number of participants served by the project, and the total number of clients reported in the HMIS. Also, for those participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"). If there were no unknown values, enter a "0" value in any field within the chart, and click on the "Save and Next" button below to move on to the next page of the form.

3. If the project is not providing participant data in the HMIS - indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law)
- State law prohibits (please cite specific law)
- New project not yet in operation
- Other (please specify prohibition)

Additional resources:

<http://esnaps.hudhre.info/training>

All projects must indicate their level of participation in the CoC's HMIS.

1. Does this project provide client level data to HMIS at least annually? Yes

Click on the "Save" button below to enter additional information.

2a. Indicate the number of clients served from 1/1/2009 - 12/31/2009 3171

2b. Of the clients served from 1/1/2009 - 12/31/2009, indicate the number reported in the HMIS 1963

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	4%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	2%
Disabling Condition	0%	17%

Applicant: Homeward Bound of Asheville, Inc.

561568917

Project: Pathways to Permanent Housing 3

EX2_029444

Residence Prior to Prog. Entry	0%	3%
Zip Code of Last Permanent Address	0%	20%

Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. All applicants are required to set a housing stability goal and to select at least one other performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target #" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target %" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be 80%.

1. Specify the universe and target numbers for the following required performance measure(s). Click 'Save' to calculate the target percent (%).

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year.	4	4	100%
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	4	1	25%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	4	2	50%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
Clients in the Pathways to Permanent Housing 3 program will access at least one mental health or substance abuse counseling session during the course of the operating year.	4	2	50%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Case managers will maintain written case files as well as enter this information into HMIS. Case managers will record information in HMIS at entry into the program and maintain case notes from each visit with clients.

3. Specific data elements and formula proposed for calculating results

Homeward Bound will maintain written confirmation from mental health or substance abuse providers about attendance at mental health or substance abuse counseling sessions. Once they have attended the session, the number attending will be divided by the total number of clients accessing the Pathways to Permanent Housing 3 program to determine whether the agency has met its target.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

This performance measure is an appropriate indicator of performance because all eligible persons entering the program have either a mental health or substance abuse issue (or both). In order for them to become sustainable in housing long-term, clients of the program must begin working on these issues that caused and sustained their homelessness.

SHP Leasing Budget

The following information summarizes the SHP leasing request for the project.

To add information to this list, click on the icon and enter the requested information.

Summary SHP Leased Budgets \$44,256

SHP Leasing Budget Detail

Instructions:

Name of metropolitan or non-metropolitan fair market rent area (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation.

Size of units (populated) - these options are system generated.

Number of units/structures (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

HUD Paid Rent (required) - for each unit size of new project, enter or update the monthly leasing amount. The amount entered must not exceed the FMR or comparable unit amount for the project, whichever is less. The FMRs are available online at <http://www.huduser.org/datasets/fmr.html>. For renewal project, the HUD rent amount is the SHP Leasing amount, which must not exceed the amount listed on the Grant Inventory Worksheet. For new projects requesting funds for leasing one or more structure, enter a zero in any one of the fields.

Number of months (populated for new projects) - these fields appear for new projects only and are populated once the required fields have been completed and saved.

Total (calculated) - these fields are totaled once the required fields have been completed and saved.

Additional resources:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Complete the following fields related to the SHP leasing request.

Metropolitan or non-metropolitan fair market rent area NC - Asheville, NC HUD Metro FMR Area (3702199999)

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SRO			24	\$0
0 Bedroom			24	\$0
1 Bedroom	4	\$461	24	\$44,256
2 Bedroom			24	\$0
3 Bedroom			24	\$0
4 Bedroom			24	\$0
5 Bedroom			24	\$0
6 Bedroom			24	\$0
7 Bedroom			24	\$0
8 Bedroom			24	\$0
Totals	4			\$44,256

Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "Save" button to auto-populate the "Number of Months" and "Total Rent" columns.

SHP Leased Structures Budget

The following information summarizes the SHP funds being requested for one or more structures leased for operating the project.

To add information to this list, click on the icon and enter the requested information.

Structure Name	Paid Amount	Number of Months	Total
This list contains no items			

Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project. However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 2 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$44,256		\$44,256
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$44,256		
10. Administrative Costs (Up to 5% of line 9)	\$64		
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$44,320	\$0	\$44,320

Attachments

Instructions

Logic Model - A template for the logic model can be downloaded from the documents menu (see left hand side of screen), modified, saved and uploaded here for the Exhibit 2 submission.

Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.

Rural Worksheet - Complete and attach the Rural worksheet located under the 'Reference Room' section of the esnaps training site - <http://esnaps.hudhre.info>

PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA.

Document Type	Required?	Document Description	Date Attached
Logic Model	Yes	Logic Model for PPH3	11/08/2010
Sponsor Nonprofit Documentation	No		
Rural Housing Units Worksheet	No		
PHA Certification Letter	No		

Attachment Details

Document Description: Logic Model for PPH3

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: